



Michael R. Pence, Governor
State of Indiana

Division of Disability and Rehabilitative Services
402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083
1-800-545-7763

DDRS Waiver Provider Re-Approval Submission Checklist

DIRECTIONS:

- Complete the documents listed below.
- Each document must be saved as a separate file, labeled appropriately, and attached to the email. Depending on the size of the documents, multiple emails may be necessary.
- Email all documents to BQISReporting@fssa.in.gov.

☐ Accreditation documentation including:

- Accreditation Award Letter;
- Survey Report; and
- Any required plans for improvement

☐ DDRS Service List (Attachment A) – Confirmed/Updated

- Review the following and update as needed:
 - Address
 - Contact Name
 - Phone Number
 - Additional Phone Numbers
 - Additional Emails
- Review the services listed – please note ones that are inaccurate
- Sign and date the document
- Scan and save as a PDF file
- Name the file: *ProviderName_ServiceList_Confirmed_Date*

☐ Completed Re-Approval Assessment (Attachment F)

- All supporting documents are referenced as exhibits within the Re-Approval Assessment.
- Name the saved Re-Approval Assessment file: *ProviderName_Re-Approval Assessment_Initial_Date*
- Save supporting documents as separate files. Each file should be titled: *ProviderName_Re-Approval_Exhibit A*. (**Note:** Each exhibit must have a different letter of the alphabet.)

Attachment G

